

57013

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-7232

SFUND RECORDS CTR

999000541

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO. OF AMERICA

(PRINT OR TYPE)

Pick up Address: 5151 ALCOA AVE VERNON

(NUMBER) (STREET) (CITY)

Telephone Number: 213 588-6141 P.O. or Contract No: LA-155243

Order Placed By: J. HERON Date: 3-22-77

Type of Process which Produced Wastes: ETCHING PROCESS

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine
<input type="checkbox"/> Other (Specify)		

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Concentration:		CODE NO.
	Upper	Lower	%	ppm
1.			<input type="text"/>	<input type="text"/>
2.			<input type="text"/>	<input type="text"/>
3.			<input type="text"/>	<input type="text"/>
4.			<input type="text"/>	<input type="text"/>
5.			<input type="text"/>	<input type="text"/>
6.			<input type="text"/>	<input type="text"/>

Hazardous Properties of Waste:

pH ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 5,000 ☒ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Container: (NUMBER) ☒ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable):

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Karl Eugene DeLeon
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

999000541

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 3-26-77 Time: 15:00

State Liquid Waste Hauler's Registration No. (if applicable): _____




Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)		EXTRACTING INDUSTRIES, INC. 2425 So. Garfield Ave. Monterey Park, Calif. 91754		 	
Name (print or type):				 CODE NO.	
Site Address:					
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.					
Quantity measured at site (if applicable):		State fee (if any):			
Handling Method(s):					
<input type="checkbox"/> recovery					
<input type="checkbox"/> treatment (specify):					
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)					
<input type="checkbox"/> disposal (specify):					
<input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well					
<input type="checkbox"/> other (specify):					
If waste is held for disposal elsewhere specify final location:					

Disposal Date: 3-26-77

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Curtis Gambler
SIGNATURE OF AUTHORIZED AGENT AND

The site operator shall submit a legible copy of each completed Record to the State Department of
Health with monthly fee reports.

ph # 8

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name:

BILLING COPY